



Fresno County Fire Protection District  
 210 S. Academy Ave, Sanger California 93657  
 Ph) (559) 493-4300 • Fax) (559) 875-7451

**FIREWORKS STAND APPLICATION**

1. Name of Organization (No abbreviations): \_\_\_\_\_
2. Organization headquarter address: \_\_\_\_\_
3. Stand location: \_\_\_\_\_
4. Contact Persons (Officer of Organization):  
 Contact #1: Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Contact #2: Name: \_\_\_\_\_ Phone No: \_\_\_\_\_
5. Federal Tax No.: \_\_\_\_\_ State issued: \_\_\_\_\_

Tax ID numbers will be verified using the IRS website. If your organization is not listed on the IRS data base they will not be eligible to participate. Please verify your Federal Tax ID number prior to submitting the application. Verification can be obtained by using the following web site:

<http://apps.irs.gov/app/eos/revokesearch.do?searchChoice=pub78&dispatchMethod=selectSearch>.  
 (See additional instructions for verification in Standard Operating Procedures #701.)

6. Purpose of the Organization and the benefit and service it provides to the citizens of the County of Fresno: \_\_\_\_\_  
 \_\_\_\_\_
7. Organization type: / / Profit / / Non-Profit

I have read and understand the Operating Procedures. Should permission to operate a fireworks stand be granted to an organization, applications shall be signed by a bonafide officer of the eligible organization, wherein the officer, on behalf of the organization and its agents, agree to abide by State Law and Administrative Regulations, regulations adopted under the authority of the Health and Safety Code, Section 12500, and Fresno County Fire Protection District Standard Operating Procedures.

**I certify that the information provided above is true and correct.**

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Failure to provide true and correct information may result in denial of the application. Once the above information has been verified and the organization has met all of the FCFPD Standard Operation Procedures they will be allowed to submit the supplemental documents on the appropriate day proceeding to the next step of achieving a permit to sell Safe and Sane fireworks .

<b>For official use only</b>	
Date Application approved _____	Approved by: _____